



STUDENT INFORMATION CHANGE FORM (ACADEMIC)

Student Name (as it appears on Academy records): _____

Student ID #: _____ Degree Level: _____

Advisor Name: _____

Use the drop-down to choose the correct academic change

Change of: _____

From: _____

To: _____

Signature: _____ Date Submitted: _____

Submit Complete Form to registrar@ussa.edu

United States Sports Academy

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